

IDAHO STATE BOARD OF COSMETOLOGY

Bureau of Occupational Licenses

1109 Main Street, Suite 220

Boise, Idaho 83702-5642

cos@ibol.state.id.us

APPLICATION FOR STUDENT INSTRUCTOR PERMIT

Complete this form by providing (please print) the requested information and submit it to the address noted above. The signatures of the applicant and school agent must be notarized and the fee (\$25.00) must be attached. FEES ARE NONREFUNDABLE. Returned checks are subject to a \$20.00 collection fee.

NOTE: THIS COMPLETED FORM MUST BE SUBMITTED TO THE BUREAU OFFICE WITHIN FIVE (5) DAYS OF THE APPLICANT'S FIRST DAY OF TRAINING (Rule 500). As noted in § 54-816, Idaho Code, the board may either refuse to issue or renew, or may suspend or revoke, a permit or license for any of the following causes: The conviction of a felony; Malpractice or incompetence; Continued practice by a person knowingly having an infectious or contagious disease; False or deceptive statements in advertising; Habitual use of habit-forming drugs; Immoral or unprofessional conduct; Submitting a fraudulent application or obtaining a license or permit through fraud; The violation of any other provision of the cosmetology laws or rules.

I wish to be registered as a student instructor of: (please check one)

☐ Cosmetology ☐ Nail Technology ☐ Esthetics ☐ Electrology

in the state of Idaho under provisions of Title 54, Chapter 8, Idaho Code as amended.

1. **Full Name (Mr., Mrs., or Ms.)** _____

2. **Address of Record** _____
(The above address is public record) Street City State Zip

3. **Mailing address** _____
(The above address is not public record) Street City State Zip

4. **Date of Birth** ____ - ____ - ____ **License number** _____
 month day year

5. **SS #** ____ - ____ - ____ **Home phone number** (____) _____ **E-mail** _____

6. **Name of Cosmetology school you will attend and date training will begin:**

Name of school Date training begins

7. **Have you ever been convicted of any State or Federal felony?** ☐ Yes ☐ No
(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

8. **Are you or have you ever been licensed in any other jurisdiction?** ☐ Yes ☐ No
(If Yes, certified documentation must be received by the Board directly from each licensing authority.)

9. **Have you ever had a license revoked, suspended, or otherwise sanctioned in Idaho or elsewhere?** ☐ Yes ☐ No
(If yes, please attach a detailed statement, including a summary of the charges, the final order, and any other relevant information.)

10. **Do you have practical experience under licensure?** ☐ Yes ☐ No
(If yes, please attach a detailed statement of your experience, noting the names and addresses of the businesses in which you gained your experience and the dates of experience for each business listed.)

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AFFIDAVIT

I hereby certify that I am the person named above and that I have no infectious or contagious disease which may pose a threat to the general public and that I am of good moral character and temperate habits. I swear or affirm that the information provided on and attached to this application is true and accurate to the best of my knowledge and belief. I hereby authorize and direct any person, agency, firm, or other entity to release to the Bureau of Occupational Licenses or it's identified agent any and all information, communications recommendations, reports, records, statements, or disclosures, whether public, privileged or confidential, that may relate to my professional qualifications or credentials or that may have bearing on my eligibility for licensure.

Signature of applicant

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____

SCHOOL AFFIDAVIT

I certify that I am an agent of the aforementioned school and that the named applicant is being registered within five (5) days of beginning his/her instructor training. I further certify that I have read and will abide by those laws and rules governing the training and supervision of the named applicant.

Signature of school agent

State of _____, County of _____, ss.

Subscribed and sworn before me this _____ day of _____, 20 _____.

(seal)

Notary Public official signature
my commission expires _____